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FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1 ORGANIZATION													
	(See instructions)						Office use only						
1. NAME OF COMMITTEE (ii	n full)	(Check if name is changed)	Exan over	nple: If typying, typ the lines	ре	12FE	4M5						
Carol Shea-P	orter for Congres	s 						ш		ш			
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ADDRESS (number an	d street)	Box 453					ш	ш		ш			
(Check if add is changed)		nester				L NH	 ]	<u> </u>	03866	<u> </u>			
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COMMITTEE'S E-M.	orcongress.com										1		
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COMMITTEE'S FAX 7182286449	NUMBER												
2. DATE M	0 0 3 / Y	2008											
3. FEC IDENTIFIC	ATION NUMBER		C COO	419978									
4. IS THIS STATE	MENT NEV	V (N) OR	X	AMENDED (	(A)								
I certify that I have exar	mined this Statement and	I to the best of my know	vledge and	d belief it is true, co	rrect and	d comple	te						
Type or Print Name o	of Treasurer	Carden N. Welsh											
Signature of Treasure	er Electronically File	d by Carden N.	Welsh			Date	<sup>M</sup> 1 0	M /	<b>03</b>	Y	2 0 0 8		
NOTE: Submission of t	false, erroneous, or incor	nplete information may							2 U.S.C.	S437g.			
Office Use Only				For further inform Federal Election C Toll Free 800-424- Local 202-694-110	ommissi 9530				EC F(				

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